WEST PRINCE HEALTH 6TH ANNUAL INFORMATION MEETING

7 P.M.
TUESDAY, NOVEMBER 28, 2000
WESTISLE COMPOSITE HIGH SCHOOL

102-03982/

WEST PRINCE HEALTH AUTHORITY
6TH ANNUAL INFORMATION MEETING
TUESDAY, NOVEMBER 28, 2000 - 7 p.m.
WESTISLE COMPOSITE HIGH SCHOOL

AGENDA

I Welcome and Review of Agenda
Robbie Thibodeau, Chairman of the Board of Directors

II Introduction of Board Members and Special Guests

III Annual Report - Chairman of the Board

IV Annual Report and Update - Kenneth Ezeard, Chief Executive Officer

V Audited Financial Report for the year ended March 31, 2000 - Kenneth Ezeard

VI Program "What's New for Wellness and Healthy Living"?
Addictions, Mental Health and TeleHealth

VII Remarks by the Deputy Minister of Health & Social Services, Rory Francis

VIII Nominations for elected Board Members
- a) Nominating Committee Report
- b) Nominations from the floor
- c) Presentations (5 minutes maximum) by nominees

IX Election of Board Members - Albert Bernard, Returning Officer

(During the election process, attendees are invited to view the displays and enjoy some refreshments)

X Discussion and questions

XI Announcement of Elected Results - Albert Bernard

XII Concluding Remarks and Termination of Meeting

WEST PRINCE HEALTH AUTHORITY
MISSION, VISION AND ENDS STATEMENTS

MISSION STATEMENT

West Prince Health exists so that people in West Prince will work together towards healthy living.

VALUES STATEMENT

We are committed to govern with accountability, foresight and stewardship on behalf of our community of West Prince. As corporate citizens, we believe in partnership, and we value diversity and group process.

We empower our staff to deliver services that are outcomes-based, with practices that show respect for others, confidentiality, dignity, privacy and personal safety.

We treat our staff with respect and fairness and we value competence and continuous development, communication and openness.

We believe in the delivery of services in a manner that shows prudence, ethics, and the avoidance risk.

ENDS STATEMENTS

People will have a positive attitude and a spirit of cooperation.

People will be self-reliant.

People will be life-long learners.

People will have social support networks.

CHAIRMANS' REPORT

West Prince Health Authority 1999/2000

On behalf of the Board of Directors I am pleased to provide my first annual report as Chairman, having replaced the now Cletus Dunn, MLA in this roll in February, 2000. Many of the accomplishments and highlights outlined in this report were achieved while Mr. Dunn remained Chairman, and the entire thanks of the Board are extended to Cletus for his four dedicated years of service as Chairman. My involvement as a member of the Board included the last four months of the fiscal year and my report will also provide a brief update of the accomplishments since April 1, 2000 to the date of this annual meeting.

By far the greatest accomplishment of the Board of Directors during 1999/2000 was the completion of the first three year strategic plan of West Prince Health which was released at last years Annual Meeting, and implemented extensively during the last 11 months. The development of the Strategic Plan consumed part of board regular and special meetings for almost two years in developing the board ends, defining strategic objectives, and in developing some strategies to accomplish those objectives and achieve the desired ends of the organization. Your Board of Directors has continued to receive regular monitoring reports of the progress made on the various strategies and we have reviewed the work performed by staff, either alone or in partnership with other organizations, to action strategies for seniors, long term care residents, the young people of our region, and provide community development. Future reports will concentrate on initiatives aimed at staff and acute care patients. Since 1996 three key objectives of West Prince Health, included in the Strategic Plan, were to improve services in transportation of the disabled and to establish comprehensive addiction services and mental health services in the region. I am pleased to confirm that considerable progress has been made in all three areas and this is evident during the past year. Our support of Transportation West since its establishment in April, 1999 has resulted in the development of a stable transportation program supporting attendance at both the Welcome and Clubhouse Programs, and when the second new vehicle is placed in service later this year expansion of the program to address other areas will be a major consideration. Under the Health Stabilization Fund we were able to establish a permanent Mental Health Nursing position which to the date of writing of this report has resulted in over 300 referrals and a caseload of 200 patients. This position along with casual support by another qualified psychiatric nurse has proven to be more significant than initially expected, because of the continuing reduction of the availability of psychiatric medical service in the Province. Consideration is currently underway to add to this service with the addition of a Children's Mental Health Clinician before the end of this fiscal year.

In terms of Addiction Services the commencement of programing of the West Prince Recovery Centre at Mount Royal in May, 1999 through the operation of a local board supported by West Prince Health has added an in house rehabilitation program which did not exist before. In addition, West Prince Health has been able to recruit three addiction counselors to service the adults, youth and families of this region and all positions are staffed and operating. The youth counselor works extremely closely with the Western School Board and its staff in addressing the addictions needs of that population.

During the year the Board of Directors continued to lobby strongly for the addition of long term care beds to the region, and we were pleased to read in the Speech from the Throne in November, 1999, that this addition would become a reality in 2000. This was borne out in September, 2000 with the announcement by the Hon. Pat Binns, Premier and the Hon. Jamie Ballem, Minister of Health and Social Services of the additional 10 long term care beds to be built on to Community Hospital in O'Leary. This is a major addition and very much appreciated, but your board has continuing concerns about the adequacy of long term care beds in the region and will continue to monitor the situation based on the need of those residents awaiting placement. The Board has met with a number of organizations during the year on the subject of long term care beds and will continue to maintain contact as part of the assessment process.

Continuity of medical staff has been a continuing challenge during the past fiscal year at both hospitals in West Prince. The untimely death of Dr. Terrance Verma in O'Leary in November was a major loss but we were fortunate with the strong assistance of Wanita MacIntyre to recruit Dr. Declan Fox as an interim replacement followed by Dr. Declan Rowan into a permanent position. At Western Hospital the requirement for relief physicians necessitated the engagement of a number of locums to maintain continuity of coverage. Subsequent to the year-end the resignation of Dr. Hany William created a significant gap which was only recently resolved with the appointment of Dr. Tasriqul Alam in October. Fortunately the services of Dr. Feldstein were available in August and September to help fill the breach. Several other local physicians also helped out and their services were very much appreciated. During the year the Board were also successful in having a 9th full time medical staff position approved for the region and various options are being explored as to how best the recruitment of this new position can benefit the medical needs of the entire region at both the acute care and long term care facilities. One joint meeting of the medical staff was held to discuss the matter, and a follow up meeting is being scheduled.

To assist the Board continuing work on policy development is essential, and during the year the Board approved both a media policy early in the fiscal year and a confidentiality policy in January, 2000. Also to assist in its work, the Board continues to participate in continuing education programs including board member attendances at workshops on Ethics, Informal Caregivers, and an orientation retreat in Summerside in February. During the current fiscal year Board members also attended the Canadian Healthcare Association Annual Meetings and Conference in Ottawa as well as a preparation workshop for the upcoming 2001 Accreditation. Much of the Board's work this fall will be directed toward preparation for accreditation including addressing the new Leadership and Partnership Standards of the Canadian Council on Health Services Accreditation. West Prince Health will again participate in a full accreditation survey for the Province in June of 2001.

A major project which has brought considerable recognition and interest to West Prince Health has been the success of the TeleHospice Project planned during 1999-2000 and implemented in May of this year. Further details of this project will be provided during this annual meeting but

the project has achieved considerable success in being recognized as a Gold Medalist in the Distinction Awards for Innovative Technology presented in October of this year. This innovation with technology follows on a successful Y2K project in which all members of the board and staff were involved, to ensure an effective transition as we entered the new millennium. Activities leading to December 31, 1999 resulted in a smooth transition and no impacts on patient, resident or client care occurred.

In summary, this was a very busy and challenging year for your Board of Directors and one in which I was pleased to be able to take over as Chairman and continue the direction into the 2000-2001 fiscal year. I extend my sincere appreciation to my fellow board members for their support, advice and encouragement and my appreciation is also directed at each and every employee, physician and volunteer of West Prince Health for their continuing commitment, hard work and dedication to this organization. I look forward to the Board continuing to provide policy and strategic leadership as we face the many challenges which lie ahead. I particularly want to acknowledge the contributions of two new board members Harry MacAusland and the recently appointed Wanita Gaudet who have certainly continued the tradition as part of an excellent Board of Directors membership team. As a team we look forward to continuing to face the Governance challenges which lie ahead of us.

Respectfully Submitted,

Robbie Thibodeau
Chairman

West Prince Regional Health Authority
Annual Report of the Chief Executive Officer
For the Fiscal Year April 1, 1999 to March 31, 2000
(Including Updated Information to November, 2000)

It is very difficult for me to believe that I am entering my fifth year as Chief Executive Officer of West Prince Health, as time has passed very quickly, with much having been accomplished, but with much remaining to be done as we strive as an organization to improve the health status of the residents of West Prince. During the past four years we have recorded a number of achievements, suffered a few disappointments and we have faced and addressed a number of challenges. The highlights of this report, my fourth, will continue to reflect more of the same with the accomplishments, the disappointments and the challenges which continue to face us. The Chairman in his report has covered Strategic Planning, Policy Development and several new programs and services so that my report will reflect the operational activities which supported those accomplishments.

As an organization we continue to pay attention to the capital resources to ensure that our facilities are up to standard and continue to meet the needs of the patients, residents and clients we serve as well as the staff who function within. It was indeed an achievement to complete the flooring project at Community Hospital in O'Leary with minimum disruption and major support by both employees and users. At both front desk areas of our acute facilities major improvements were made, first at Western Hospital in 1999, then at Community Hospital in 2000 and these improvements addressed both the functionality of the areas, the ergonomic safety of the employees as well as being esthetically pleasing. In cooperation with Human Resources Development Canada, and Access PEI, major changes were made to the Regional Services Centre which increased the number and size of our Child and Family Services offices, improved the esthetics, and provided some central shared working areas. In addition the project which got underway in 1999/2000 but completed in this fiscal year was the major relocation of the Pharmacy in Western Hospital into much more spacious and functional quarters. In all of these areas staff played a significant role in the planning and design. Finally in terms of our residents at Maplewood Manor, 1999/2000 saw the initiation of a major outdoor recreation area for the residents which was successfully completed and opened on September 25, 2000. Residents and families made extensive use of the new secure outdoor space during the Fall of this year, and if you haven't seen the results I recommend a visit.

As part of our consideration of the need for updated capital infrastructure, 1999/2000 saw the completion of our first 3 year equipment needs and replacement program with major purchases in nursing, radiology, laboratory, physiotherapy as well as assistance to our support services, community services and Maplewood Manor. During the next few months another three year program of equipment replacement or new requirements will be identified and prioritized for consideration by our two Foundations in assessing the need for a major fundraising campaign. We continue to use Government equipment sources to update our non-medical equipment, particularly in terms of office requirements and computers.

With the appropriate capital infrastructure addressed, in creating a satisfactory working

environment in our facilities, the most important resource as identified in our mission, vision and values is our people, especially our employees and our physicians, although they are aided considerably by volunteers, auxilians and partners within the community. Through the Health Stabilization Fund we were fortunate to add 6.7 new nursing positions within our services of both Registered Nurses and Licensed Nursing Assistants and we were able to fill most of those positions before running into the challenge of the recruitment nursing shortage evident this year. Two additional float positions were also approved during the year to help offset the unavailability of casual staff. The summer of both 1999 and 2000 brought increased employment of students in both the Healthy Futures and Helping Hands Program which greatly assisted staff in meeting the non clinical needs of patients as well as seniors in the community under our Housing Program. In terms of new positions we were able to acquire a second Physiotherapist, Michelle Foster, allowing a more dedicated resource at each Hospital and we were finally able to replace our Speech Language Pathologist with Karen Shaw-Carter, after a vacancy of several months. During the year West Prince Health under the leadership of Pauline Stewart initiated the Laboratory training of a Radiology Technologist, giving us the luxury of having a Combined Technician in both disciplines after she successfully completed the academic courses as well as the practical experience component. This program is being expanded in this fiscal year with West Prince Health providing training for up to two students to reach Laboratory proficiency sufficient to work as Combined Technicians in other regions in the Province.

To ensure healthy staff, efforts continued at addressing the wellness of our employees as well as safety and security issues which were identified, either through improved facility monitoring techniques, the establishment of scent free facilities and the introduction of photo identification of staff. Security measures continue to be monitored with the able assistance by the R.C.M.P. The third aspect of addressing our staffing resource needs is to continually look at ways of staff recognition or improvements in working conditions and morale. A continuation of our staff recognition and retirement dinners have proven to be successful and an innovation in the current fiscal year was the presentations at site of years of service pins to employees for all employees with more than 10 years of service in the Region. We also initiated a staff survey to assess additional areas of improvement we should be addressing, and the results of that survey are being analyzed and will be released very shortly. The results should assist us in looking at continuing education, wellness and other activities to recognize the importance and needs of our front line and managerial staff.

The third element of effective resources is the financial resources required to meet the needs of the patients, clients and residents we serve. Being effective and efficient while staying within budget continues to be a challenge particularly because of the tremendous demands placed on the financial resources in addressing the needs and expectations of the population. Our financial reporting system is now giving us comprehensive and useful monthly information to monitor progress and budget variances, but unexpected client requirements can quickly distort the financial results. Both as an organization and as a health system we are still not effectively matching results to dollars expended. Moreover, given our current level of expenditures and

with little change in programs and services, it has been the practice in recent years for each Region to enter the fiscal year knowing that it will incur a deficit before the year commences. Some closing of the gap occurred significantly in 1999-2000, and the Government again this year decided to cover the deficits of each Region, leaving us with a balanced budget at the end of the fiscal year. Action plans will continue to try to match resources with needs on an on-going basis.

Finally the fourth element in a comprehensive resource base is the scope and mix of programs and services we provide as an organization. The Chairman has already reported on three new services and the commitment to long term care beds and I will cover some of the lesser known but very important additions or changes to our services. The introduction of Adult Health Clinics continued throughout 1999 and in 2000 with clinics in Alberton, O'Leary and a new clinic in Tignish. After considerable planning and forethought in the Division of Child and Family Services, a revised Income Support Model has been introduced which more effectively addresses the clients needs as they approach Social Services for both employment, financial assistance or family support. In February, 2000 our Continuous Quality Improvement Team looking at the needs of children initiated a plan of action which has resulted in two workshops being undertaken in cooperation with a number of our partners to look at childhood needs and solutions in West Prince. It is anticipated that a comprehensive plan, tied in to the Early Childhood Development Strategy, the report just released by the Provincial Government, will be developed and implemented within the next fiscal year. In terms of the non government organizations which we support financially, we have been successful in increasing the resource allocations to both Community Inclusions and the Clubhouse Program operated by the Canadian Mental Health Association, and we have stabilized the transportation requirements of the Welcome Program. The ambulatory detox program which will support our Addiction Counselors already in place was implemented in September of this fiscal year and to the date of this meeting has resulted in 34 admissions and over 100 contacts in less than three months. A more comprehensive analysis will be available in next year's annual report.

West Prince Health continues to strive for a coordinated point of access for clients, particularly seniors, to access the system when the need arises, and to this end we have recently completed a directory of resources and have widely circulated fridge magnets giving contact telephone numbers to those who may require them. This initiative has been very well received. On the acute care side we have recently expanded our laboratory/x-ray services in one hospital to a 12 hour shift on a pilot project as a means of more effectively addressing the on-call availability of staff after hours in those disciplines. A recent contract has been met with a Pediatric Occupational Therapist in Community Services to begin to address what has been identified as a major gap in services of this discipline to our children population.

At the same time as these programs are being operated we continue to place a considerable emphasis in this organization on the quality of our services and the improvement of that quality. We have begun preparation for a second provincial accreditation survey to take place in June, 2001 and our Continuous Quality Improvement Committees have continued to meet since the

last survey in 1998 and have developed a series of improvements in both the process and outcomes of our services. Over 1/3 of our staff are directly involved in quality monitoring on a regular basis either through committees, participation in audits, or documentation of performance indicators to compare our results on an on-going basis. These events continue to occur despite the tightness of staffing and financial resources and the staffing shortages being experienced in some disciplines, particularly physicians and nurses. West Prince Health continues to be extremely concerned about the growing shortage of specialists in the Province at either of the two referral hospitals as this will undoubtedly impact on the services we may have to cover in the region. Of particular note are the back-ups occurring in Psychiatry and Radiology which are placing additional pressures on our medical and front line staff. The difficulty of recruitment of permanent and temporary nursing replacements to cover retirements, vacations and sickness is also of serious concern. As an organization we are looking at creative solutions to cope with the situation in the short term until the medium and long term problems are addressed.

In conclusion on the operational side, West Prince Health continues to make progress in the evolution of a region while maintaining a distinctive identification of each of its facilities, programs and services. As Chief Executive Officer I would like to pay tribute to the tremendous dedication and work ethic of the employees of West Prince Health in meeting the health and social services needs of the men, women and children which we serve on a daily basis. I sincerely enjoy working with the managerial and front line employees in this organization and with the Board of Directors who provide strong governance in establishing the strategic direction for the Region. We are also indebted to our medical staff who continue to address patient and resident needs under difficult and time consuming conditions and I also extend thanks to our health care partners who work closely with us including our auxilians, volunteers and foundations. It takes each and every one of us to work as a team to achieve successful results in improving the health status of our residents and although we continue to face many challenges, I look forward to working with the entire team in the year ahead. Thanks to all for a job well done.

Respectfully submitted,

Kenneth W. Ezeard
Chief Executive Officer

O'LEARY COMMUNITY HEALTH FOUNDATION
ANNUAL REPORT
APRIL, 1999 - MARCH, 2000

Once again, it gives the O'Leary Community Health Foundation pleasure to submit its annual report for the period as noted above.

The Foundation held its annual meeting in April, 1999, and during the next twelve months held regular meetings. As in past years, the Foundation activities centered around fund raising and expenditures of some of the funds in the purchase of equipment to either maintain or improve the health care services to the residents of West Prince. As noted below, we were pleased to have the cooperation of the Western Hospital Foundation in the cost sharing in equipment purchases.

Equipment purchases for the period being reported:

Life Pack 9 - Defibrillator	9,445.00
ECG Cardiographic Unit	14,800.00
VCR/TV Combination Unit	479.00
Blood Gas Analyser	8,484.00
Sitz Stand Life and CADD Pump	2,795.00
Ice Machine	5,064.00
Medi Lift 3, Model 7000	4,658.00
Taski Scrubber	7,718.00
*Foot Max System	2,535.00
*Garment Pressure System	4,495.00

*Cost shared with Western Hospital Foundation

The Foundation is encouraged with the continued generosity of so many people in support of our fund raising efforts. Of particular note are the contributions received from Ferguson's Funeral Home through monies given in memorial. Funds are also obtained from Community Hospital collection boxes distributed in various business establishments throughout the area. The Foundation is very appreciative to the sponsors and volunteers who make it possible to have a fund raising curling bonspiel each year. A special word of thanks is extended to the Royal Canadian Legion, P.E.I. Command, for their generous donation of $4,000. The Foundation gratefully acknowledges the tremendous support and contribution made by Community Hospital Ladies Auxiliary, who have far surpassed the requirements for a platinum plaque on the hospital's donor board. Platinum plaques require a combined total of more than $10,000. In conclusion, the Foundation expresses sincere thanks and appreciation to the many businesses, establishments, service groups and the general public at large for your continued support. We look forward to a continuation of the same in order to enhance the health care services of West Prince.

Respectfully submitted,

Allison Ellis
Chairman

WESTERN HOSPITAL FOUNDATION, INC.
ANNUAL REPORT OF THE CHAIRMAN OF THE BOARD OF DIRECTORS
FOR THE YEAR ENDED MARCH 31, 2000

During the year 1999-2000 the Western Hospital Foundation Inc. Board of Directors attended a total of five board meetings in addition to the Annual Meeting.

A list of the equipment approval and purchased during the year is attached. The value of this equipment is in excess of $88,000.

For the coming year 2000-2001 I am remaining Chairman with Richard Shea filling the Vice-Chairman again and Jean Cahill staying on with the important roll of secretary-treasurer. Other Board members are Margaret Adams, Joan Doucette, David Cahill, Emile Doucette, Auxiliary Representative Marlene Smith; and Medical Representative Dr. Philip Hansen. Chief Executive Officer of West Prince Health Kenneth Ezeard attends all our meetings and provides an update of the on-going activities of Western Hospital and the Region.

It is still the Board's priority to supply needed equipment for the Western Hospital. We will be having in the coming year a much needed fund raising to raise money for a new x-ray machine to replace our old and outdated one which is going to be a big expense. The Foundation continues to encourage donations in memoriam and bequests to purchase much needed equipment for Western Hospital. The Board of Directors extends it's sincere thanks and appreciation to all donors who contributed to the Foundation during the past year.

Also a special thanks to Mr. Carman Phillips, Acting Chairman, Ways and Means of the Royal Canadian Legion, P. E. I. Provincial Command for the donation of $4,000 for our Hospital which we used to buy a Arjo Maxi Slide NSA 1000 at a cost of $2,655 and a Elan Aquatic BathLift for a cost of $1,435.

Respectfully Submitted,

J. Wayne Shea, Chairman
Western Hospital Foundation Inc.

WESTERN HOSPITAL FOUNDATION, INC.
EQUIPMENT PURCHASED
APRIL 1, 1999 TO MARCH 31, 2000

Nursing	
Patient Life and Slings	6,195
2 Wheelchairs	1,852
3 Electric Hospital Beds/Mattresses	14,108
ABP Monitor	4,106
Telemytry System Antenna	3,679
Arjo Maxislide Lift	2,679
Aquatic Elan Lift	1,452
Lifeline Units (7)	5,320
Palliative Care Television	304
Palliative Care Support	552
Physiotherapy	
Airdyne Evolution Ergometer	1,518
Cervical Traction System	740
Intellect High Voltage Stimulator	1,109
Laboratory Incubator	454
Radiology Film Processor	23,451
Defibrillator (Emergency/Rooney Ambulance)	14,965
Ice Machine (Maplewood Manor)	5,570
	$88,054

WESTERN HOSPITAL HEALTH CARE AUXILIARY

Annual Report 1999-2000

The Western Hospital Health Care Auxiliary had nineteen active members, along with a number of volunteers at our Bargain Nook and Hospital Gift Shop. We also have a number of volunteers who are involved with our Life Line Program.

Since the last annual meeting, our Auxiliary has been very active. We had our most successful Lobster Supper to date with a total income of $4800. The success of the supper can also be measured in another way, such as, the community spirit that was generated from our local fishermen, farmers and businesses all donating food, as well as many, many volunteers donating their time - all of these people working together for the betterment of our hospital.

We had a number of lotteries, with our Christmas Lottery being the most profitable. For this lottery we had a large hamper full of home-made baking, along with a large turkey. We had a number of other lotteries from which we raised a total of $4634.00.

During the past year, we also finished drawing up our by-laws for our Auxiliary. It's great to have these completed.

The operation of our Bargain Nook remains our biggest source of income. This is run with the help of many, many volunteers but during the summer months we hire a full-time person through the Job Creation Program, thus creating employment for youths in our area. From our Bargain Nook we have raised $6,056.00.

Our Auxiliary has also signed up for the Student Educational Credit Program in which Grade 11 and Grade 12 students in the area can receive credits towards their registration fees for university, for example, for every volunteer hour they work they receive a credit of $5.00 towards university tuition. We have a number of students working in our Gift Shop which is proving to be very beneficial for both our Auxiliary and for the students.

In the spring we had our Annual Volunteer Appreciation Night for all our volunteers. We served a delicious supper and also had delightful entertainment which was provided by four young girls who played their violins and performed step-dancing.

At our regular meeting we answer roll-call by donating food items for our local food bank and with the ever increasing need for more food, we will continue to do this.

This spring, members also cultivated a flower bed and planted a large number of flowers at the entrance to the hospital which has certainly enhanced the look of our hospital.

We have purchased a number of items for our hospital: donations towards a defibrillator of $6500; nine Life Line units; two lazyboy chairs; stroller and rocking chair for the children's ward; maxi-mist machines; food processor; for a total of $9908.60.

We finished off our year by holding a banquet for our members at our annual meeting.

In closing, I would like to thank all who helped to make this your such a successful one.

Respectively submitted, Eva Rennie, President

MAPLEWOOD MANOR AUXILIARY
Annual Report 1999-2000

Maplewood Manor Auxiliary has a membership of seventeen members and three associate members. Our meetings are held on the third Tuesday of each month. We do not meet during the months of July and August.

Each summer the Auxiliary applies for a Summer Student who works in the Activity Department.

Fund-raising consists of a yard sale, X-mas tea and bazaar, quilt show, 50/50 draw, pot luck supper and monthly collections. All of the money raised is used to benefit Manor residents. Lobster meet was purchased for Fathers Day, Z-mas party for residents and gifts for all, bingo prizes, Winter Carnival social and weekly traveling costs.

A donation of $1,000 was given to the Outdoor Recreation Project.

New members are always welcome.

Sheila MacKay
President

COMMUNITY HOSPITAL LADIES AUXILIARY
1999-2000

Our Auxiliary meet the third Wednesday of the month in the hospital boardroom with about 12 members attending. We have been working very hard to provide equipment for our hospital. With the excellent working relationship with all our department heads we try to meet their needs as soon as possible.

Our main fundraising comes from our New to You Shop located in the basement of O'Leary Guardian Drug. Members work Tuesday to Friday year round. We have been very fortunate to have had the funds provided from the federal government to have a student for the summer months, this gives our members a much needed break. Money raised in the past year from the New to You - $21,373.50; from Howlan $1000.00; Cascumpec $1000.00; Brae Derby $250.00 and from Coleman $400.00. Members also provide personal care items for patients. We also have set aside $10,000 in a term deposit.

A list of some items that have been purchased for the hospital in the 1999-2000 year include:

Dietary:	
Food Processor	$299.00
Electric Knife	$ 29.99
Housekeeping:	
Floor Machine	$2,195.00
Palliative Care:	
Table lamp, floor lamp, toaster oven, dishes & dish cloths	$350.00
Laboratory:	
Deep Freeze and Alarm System	$300.00
Nursing:	
Wall anerolds with brackets	$1160.00
Adult & Pediatric finger clip oximeter	
Wall blood pressure cuffs for every bed	
Oxygen pulse oximeter & address-o-graph machine for trauma	
Lymphenic Thermometer	$1,000.00
Examination Table for nurses station	$250.00
Welch Allyn vital signs monitor for in hospital and transport in ambulance	$5,000.00
Medical flow meters 2 @ $70 each	$140.00
Cardiology Stethoscope for trauma	$200.00
I.V. storage cart	$3,479.00
6 Stethoscope @ $75 each	$450.00
Oxygen wall hook–ups 16 @ $65 each	$1,040.00
Medical air wall hook-ups	$700.00
Suction Vacs, metal hangers & 8 canisters	$665.00
Oversized wheelchair	$1,295.00
Photocopier for nurses station	$800.00

Home Care

5 Diabetic penlets	$75.00
2 Stethoscopes	$254.00
6 Washable Incontinent Pads	$120.00
Sheep Skin Mattress Topper	
2 Akros gel pads	$200.00
2 clamp on bath bars	$160.00
Peabody development moto scale	$529.61

In closing I would like to add that we need more volunteers for our New to You Shop if anyone is interested please come into the shop and put your name and phone number on the calendar or contact the Manager, Marjorie Wood.

Respectfully Submitted,

Wanda Livingstone
President

MENTAL HEALTH SERVICES	1998-99	1999-2000
Community Mental Services		
(provided by East Prince Health)		
# referrals received from residents of West Prince	181	151
# of new cases opened	NA	NA
# of session in West Prince clinic**	NA	622
# receiving services of neuroleptic clinic	8	8
Mental Health Services - West Prince		
# of referrals	-	312*
# of referrals admitted to service		203*

* Program began in Nov 1999 and statistics are for a full year but span Nov/1999 to Nov/2000, not the fiscal year of 1999-2000

ADDICTION SERVICES SUMMARY 1999-2000	
Individual Counselling	
# new clients	65
Avg. # office visits/mo	45
Rehab	
# groups	2
Avg. attendance	11
After Care	
# groups	2
Avg. attendance	10
Other programs (ie Anger Management, Life skills)	
# programs run	4
# Participants	27
Youth Addictions (6 mo. of service)	
# assessments	48
# 1on 1 sessions	119
# groups/ sessions	117
# people seen	2496

PUBLIC HEALTH NURSING		
	1998-99	1999-2000
IMMUNIZATIONS	3306	2841
INFANT AND PRE-SCHOOL HEALTH APPRAISALS		
- # appraisals completed	1286	1407
- # referrals made	44	175
SCHOOL HEALTH		
- # screenings	2239	993
- # problems identified	150	47*
- # participants in school health teaching groups	561	371
COMMUNITY GROUP HEALTH PRESENTATIONS		
-# presentations to community groups	21	18
- # participants	430	288
REPRODUCTIVE CARE PROGRAM		
- # referrals	67	74
- # assessed	64	58
- # pre-natal classes	3	4
- # individual pre-natal counselling	27	42
CARDIAC EDUCATION		
- # referrals	19	18
DIABETES EDUCATION		
- # referrals	46	26
OTHER MONITORING/ EDUCATION	29	92
FOLLOW-UP to STD'D		
- STATISTICS NOT RELEASED		
HEALTH SUPERVISION		
- STATISTICS NOT AVAILABLE		
TOTAL NUMBER OF CLIENT ENCOUNTERS	8909	6108

* Does not include referrals related to communicable/nuisance diseases

WEST PRINCE HEALTH
ACUTE CARE

	1998-99			1999-2000		
	COMMUNITY HOSPITAL	WESTERN HOSPITAL	REGIONAL TOTAL	COMMUNITY HOSPITAL	WESTERN HOSPITAL	REGIONAL TOTAL
IN-PATIENTS						
# admissions	494	1058	1552	522	1073	1595
# patient days	4443	7548	11991	4197	8421	12618
Avg. length of stay	9.2	6.9	7.6	8.4	7.4	7.7
Avg. length of stay (excluding Medically Discharged Patients)	8.2	6.5	7.1	7.7	6.6	6.7
# births	0	0	0	0	0	0
Occupancy rate	93.6%	76.6%	82.1%	88.30%	85.20%	86.20%
EMERGENCY DEPT						
# visits	7701	8523	16224	10115	9707	19822
LABORATORY						
# Patient visits	8024	9750	17774	7640	10520	18160
# procedures completed on site	43725	40133	83858	42635	44707	87342
# Tests referred out	10530	19899	30429	12191	22544	34735
Total Workload units	266425	235640	502065	256496	263966	520462
RADIOLOGY						
X-RAY						
# Patient Visits	3243	3028	6271	2952	2658	5610
# Procedures	4053	3559	7612	3540	3316	6856
ECG						
# procedures	1411	1603	3014	1421	1774	3195
HOLTER						
# procedures	44	31	75	53	34	87
Total workload units	170497	146682	317179	145788	140041	285829
PHYSIOTHERAPY	See Physiotherapy Services Summary			See Physiotherapy Services Summary		
NUTRITIONAL SERVICES	See Nutrition Services Summary			See Nutrition Services Summary		
OUT-PATIENT SPECIALIST'S						
# patient visits	1419	2128	3547	1506	2108	3614

PHYSIOTHERAPY
1999-2000

	NEW REFERRALS SEEN **			PATIENT ATTENDANCE ** (appointments)			WEIGHTED CARE UNITS **		
	Inpatient	Outpatient	TOTAL PATIENTS	Inpatient	Outpatient	TOTAL PATIENTS	Direct Care	Indirect Care	TOTAL UNITS
WESTERN HOSPITAL	132	163	295	562	825	1387	29435	12030	41465
COMMUNITY HOSPITAL	68	140	208	403	617	1020	23080	8645	31725
LONG TERM CARE*	0	0	0	140	-	140	1280	1505	2785
HOME CARE	0	0	0	0	0	0	0	0	0
TOTAL 1999-2000	200	303	503	1105	1442	2547	53795	22180	75975
TOTAL 1998-1999	261	437	698	1240	1772	3012	66325	27620	93945

* Maplewood Manor only,. New referrals not identified. Services provided as needed to 48 residents. Services to Long Term Care at CHO included in CHO statistics.

** Totals are lower than previous year as one position was vacant for a period of time

HOUSING	1998-99	1999-2000
HOUSING UNITS		
# Seniors Housing Units	58	58
- # vacancies and new placements	15	6
# Family Housing Units '(under the operation of 3 Housing Boards)	59	59
# Other Rentals	4	4
# Lease to purchase	7	7
TOTAL HOUSING UNITS	**128**	**128**
EMERGENCY HOME REPAIR PROGRAM		
-# grants	15	15
- value	10,325.33	$11,239.93
HELPING HANDS PROJECT (SENIORS) (4 STUDENTS HIRED)		
- # work sites	30	30

LONG TERM CARE	1998-99	1999-2000
LONG TERM CARE		
# beds	63	63
# admissions	14	16
# new applications received	37	31
average # on wait list	63	79
average # on wait list - priority	10	10
Avg. occupancy	98.3%	96%
RESPITE CARE*		
# respite beds	1	1
# admissions for respite	6	3
total respite days	90	125
Occupancy of respite bed	24.6%	34%

* at Maplewood Manor only

HOME CARE AND SUPPORT		
	1998-99	1999-2000
VISITING HOMEMAKER		
# clients served	199	186
average caseload	113	121
average total client visits/month	NA	735
# new referrals received	97	67
HOME CARE NURSING		
# clients served	324	384
average case load	150.5	200
# New Referrals	193	206
OCCUPATIONAL THERAPY		
# Referrals	88	96*
Avg. Caseload	-	50-60
# clients served (Long Term Care)	63	63
SPEECH THERAPY		
# new referrals received	84	35**
Avg. Caseload	92	97
NUTRITIONAL SERVICES		
Community Services		
# clients served	159	135
Avg. Caseload	58	50
# Client contacts (visits/phone contacts)		
- Pre-natal	Conparative data not available due to changes in data collection	330
- Breastfeeding		93
- Other		348
- education sessions	12	17
# participants	96	156
Acute Care Services		
- outpatients seen	1525	1411
- in-patients seen	74	76
Total referrals	1599	1487
- total out-patients visits	1939	1832
- total in-patient visits	93	102
Total Visits	2032	1934
ADULT PROTECTION		
'# referrals	9	18
SOCIAL WORK		
Senior Assessment/Case Management		
# referrals	39	40
Avg. caseload	18	43
Private In-Home Support		
# requests for service	34	33

* does not include Long Term Care clients

** Position vacant for 6 months during this fiscal year

CHILD AND FAMILY SERVICES		
	1998-99 TOTAL	1999-2000 TOTAL
Intake (new referrals)		
'# New applicants for Welfare Assistance	662	429*
# Child Protection Referrals	215	88*
'# Counselling Referrals	NA	100*
Average caseload per month		
Adoptive Parents	7	9
Child in Care	20	20
Child Aid Resource	25	19
Day Care	56	53
Employment Enhancement	35	76
Financial Assistance	456	450
Foster Parents	13	16
Family Support	34	40
General Counselling	74	69
Group Work	57	19
Mental Retardation	19	16
Protection	50	56
Rehabilitation	7	11
Visiting Homemaker	10	9
Avg. Total Caseload per month	**862**	**862**

* Total for 11 months only May-March as Apr 99 data not available.

EMPLOYMENT ENHANCEMENT		
	1998-99	1999-2000
# REFERRALS	106	111
EMPLOYMENT ENHANCEMENT		
# paid training placements	15	26
# HRDC Placements	not available	not available
# Community Ugrading Placements	NA	-
# Post secondary placements	NA	-
# ABE Placements	-	15
JOB CREATION PROGRAM		
# Placements	59	65
@ 100%	(14)	(12)
@ 90%	(4)	(8)
@ 80%	(30)	(26)
@ 50%	(11)	(18)
Other		(1)
Cost of placements	$147,646.00	$172,400.00

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West Prince Health Authority
Financial Statements
March 31, 2000

Contents

	Page
Auditors' Report	1
Statement of Revenue and Expenses	2
Balance Sheet	3
Statement of Cash Flows	4
Statement of Tangible Capital Assets	5
Notes to the Financial Statements	6 - 8

Grant Thornton LLP
Chartered Accountants
Management Consultants
Canadian Member Firm of
Grant Thornton International

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Auditors' Report

To the Members of the Board of
West Prince Health Authority:

We have audited the balance sheet of West Prince Health Authority as at March 31, 2000 and the statements of revenue and expenses, cash flows, and tangible capital assets for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2000 and the results of its operations and cash flows for the year then ended in accordance with generally accepted accounting principles.

Grant Thornton LLP

Summerside, Prince Edward Island

June 8, 2000

Chartered Accountants

P.O Box 1660
220 Water Street
Summerside
Prince Edward Island
C1N 2V5
Tel: (902) 436-9155
Fax: (902) 436-6913

West Prince Health Authority
Statement of Revenue and Expenses

Year Ended March 31	2000	1999
Revenue		
Department of Health and Social Services	$ 16,098,962	$ 15,221,313
Patient / Client fees	564,905	493,873
Special projects	222,259	112,890
Donations	160,531	139,330
Other	120,404	81,289
Interest	8,678	6,814
	17,175,739	16,055,509
Expenses		
Child and Family Services	4,426,354	4,534,150
Community Hospital	3,675,026	3,199,184
Western Hospital	3,412,502	3,203,185
Maplewood Manor	2,762,026	2,496,671
Home Care and Support	1,070,136	1,026,142
Community Development	758,318	541,958
Resource Center	314,555	351,314
Job Creation program	264,751	222,089
Housing Services	252,773	256,573
Public Health Nursing	239,298	224,243
	17,175,739	16,055,509
Excess of revenue over expenses	$ -	$ -

See accompanying notes to the financial statements.

West Prince Health Authority
Balance Sheet

March 31	2000	1999
Assets		
Current		
Cash - unrestricted	$ 52,104	$ 279,993
Cash - restricted	37,070	29,359
Receivables (Note 3)	1,648,441	1,258,027
Receivable to fund retirement allowances	57,123	30,113
Prepaid expenses	73,650	79,388
	1,868,388	1,676,880
Receivable to fund retirement allowances	156,537	160,363
	$ 2,024,925	$ 1,837,243
Liabilities		
Current		
Payables and accruals (Note 4)	$ 1,799,087	$ 1,633,875
Funds held in trust	12,178	12,892
Retirement allowances	57,123	30,113
	1,868,388	1,676,880
Retirement allowances	156,537	160,363
	$ 2,024,925	$ 1,837,243

Uncertainty (Note 5)

On behalf of the Board

Board Member

Board Member

See accompanying notes to the financial statements.

West Prince Health Authority
Statement of Cash Flows

Year Ended March 31	2000	1999
Increase (decrease) in cash and cash equivalents		
Operating		
Cash - restricted	$ (7,711)	$ (897)
Receivables	(390,414)	(181,143)
Prepaid expenses	5,738	(10,462)
Receivable to fund retirement allowances	(23,184)	4,189
Payables and accruals	165,212	334,875
Funds held in trust	(714)	(79)
Retirement allowances payable	23,184	8,848
Net (decrease) increase in cash and cash equivalents	(227,889)	155,331
Cash and cash equivalents, beginning of year	279,993	124,662
Cash and cash equivalents, end of year	$ 52,104	$ 279,993

See accompanying notes to the financial statements.

West Prince Health Authority
Statement of Tangible Capital Assets

Year Ended March 31

	Land	Pavement	Buildings	Equipment	Vehicle	2000 Total	1999 Total
Cost of Tangible Capital Assets							
Opening cost	$ 50,917	$ 10,223	$ 20,389,006	$ 3,600,251	$ 21,510	$ 24,071,907	$ 23,871,558
Additions				408,559		408,559	200,349
Closing cost	50,917	10,223	20,389,006	4,008,810	21,510	24,480,466	24,071,907
Accumulated Depreciation							
Opening balance		10,223	2,662,406	2,086,439	6,453	4,765,521	4,069,482
Add: depreciation			509,725	191,088	4,517	705,330	696,039
Closing balance		10,223	3,172,131	2,277,527	10,970	5,470,851	4,765,521
Net Carrying Amount of Tangible Capital Assets	$ 50,917	$ NIL	$ 17,216,875	$ 1,731,283	$ 10,540	$ 19,009,615	$ 19,306,386

See accompanying notes to the financial statements.

West Prince Health Authority
Notes to the Financial Statements
March 31, 2000

1. Nature of operations

West Prince Health Authority, a non-profit organization , operates under the authority of the Health and Community Services Act, Part III (the "Act"). West Prince Health Authority commenced operations on April 5, 1994 when the Health and Community Services Agency (the "Agency") approved the establishment of the regional health authorities as provided under the Act. The Agency Board also approved the core services that must be available and reasonably accessible to all residents of West Prince.

The core services that are managed by West Prince Health on behalf of residents of West Prince and the Province of Prince Edward Island are:

Program / Service

Child and Family Services
Resource Center
Home Care and Support
Housing Services
Job Creation Program / Employment Enhancement Program
Public Health Nursing
Community Hospital
Western Hospital
Maplewood Manor
Community Development
Physician Services
Addictions
Mental Health

2. Summary of significant accounting policies

Cash and cash equivalents

Cash and cash equivalents include cash on hand and balances with banks, net of bank overdrafts.

Financial support overpayments

Financial support overpayments are recorded as receivable when identified with a full provision as a doubtful account. Recoveries of financial support overpayments are credited to financial support expenditures when received.

Tangible capital assets

Tangible capital assets are expensed as a component of program costs in the year of acquisition. During the year, capital asset purchases of $408,559 (1999 - $200,349) were expensed. The Authority received designated funding for capital purchases in the amount of $192,567 (1999 - $163,101) during the year.

2. Summary of significant accounting policies (cont'd)

Inventory

Inventory in the amount of $238,884 (1999 - $151,357) has not been reflected on the Balance Sheet.

Vacation pay and retirement allowances

Vacation pay is recorded as a liability when earned. Retirement allowances are recorded as a liability when an employee meets the eligibility criteria. Retirement allowances are funded separately from the regular funding received from the Department of Health and Social Services.

Pension plans

Employees of West Prince Health belong to different pension plans according to their historical workplace. Hospital employees are part of the uniform pension plan for employees of all Prince Edward Island hospitals. All other employees are part of the uniform pension plan of the civil service of Prince Edward Island. The hospital pension plan is a defined benefit pension plan for basic pension contributions and defined contribution pension plan for supplementary pension contributions. According to the most recent actuarial report date January 1, 1997 employer contributions to the pension plan are sufficient to meet the requirements of the plan and a pension fund surplus existed at that date. The civil service pension plan is the defined benefit pension plan of the Province of Prince Edward Island. For employees belonging to this plan, the employer's share of the benefits plus any additional future actuarial liabilities are assumed by the Province of Prince Edward Island. These pension plans are not reflected in the financial statements.

General

These financial statements do not include the assets, liabilities and activities of the O'Leary Community Health Foundation Inc. or the Western Hospital Foundation Inc. or the auxiliaries.

Other

West Prince Health Authority acts as an agent for the Province of Prince Edward Island for the collection of revenue for certain regional programs. During the year revenue was collected in the following areas:

Maplewood Manor
Housing Services
Home Care and Support
Public Health Nursing

Revenues collected are not reflected in the body of the financial statements.

3. Receivables

	2000	1999
Financial support overpayments	$ 206,519	$ 252,600
Patients	86,256	57,674
Other	313,670	93,096
Department of Health and Social Services	1,248,515	1,107,257
	1,854,960	1,510,627
Less: allowance for doubtful accounts	206,519	252,600
	$ 1,648,441	$ 1,258,027

4. Payables and accruals

	2000	1999
Trade	$ 677,223	$ 453,188
Salaries and benefits	1,029,709	1,052,777
Deferred revenue	92,155	127,910
	$ 1,799,087	$ 1,633,875

5. Uncertainty due to the Year 2000 Issue

The Year 2000 Issue arises because many computerized systems use two digits rather than four to identify a year. Date-sensitive systems may recognize the year 2000 as 1900 or some other date, resulting in errors when information using year 2000 dates is processed. In addition, similar problems may arise in some systems which use certain dates in 2000 to represent something other than a date. Although the change in date has occurred, it is not possible to be certain that all aspects of the Year 2000 Issue affecting the Health Authority including those related to the efforts of customers, suppliers, or other third parties, will be fully resolved.

6. Comparative figures

Certain comparative figures have been restated to agree to the financial statement presentation adopted in the current year.

REPORT OF THE
NOMINATING COMMITTEE
OF THE WEST PRINCE HEALTH BOARD OF DIRECTORS
NOVEMBER 28, 2000

In accordance with Section 8, subsection 6 of the Regional Authorities Regulations of the Health and Community Services Act, the following is the report of the Nominating Committee of the West Prince Health Board of Directors for the vacancy to be filled by election at this annual meeting.

Zone 2 - Donald Stewart

This candidate has indicated his willingness to stand for the elected position, and resides in the zone in which the election will be held.

Respectfully submitted,

Richard Wightman
Harry MacAusland

WEST PRINCE REGIONAL AUTHORITY

INFORMATION TECHNOLOGY and GEOMATICS SERVICES